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A For the 2012 calendar year, or tax year beginning 01-01-2012

DLN: 93492189003103

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

and ending 12-31-2012

Open to Public Inspection

	Address change FLORIDA INNOVATION FUND					oyer identification number	
Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite			ııte	27-468 E Telepho		nber	
Initial return 2640-A MITCHAM DRIVE Terminated City or town, state or country, and ZIP + 4					L releption		
					(850) 877-1099 F Group Exemption		
	mende pplicat	p Exemption ber 📂					
		•	Cash	required	If the to attach	Sche	
			OVATIONFUND COM				
J Tax	k-exen	npt status(check	only one)— 501(c)(3) 501(c)() ◀(insert no) 4947(a)(1) or 527				
norr inst L A	nally ructio dd line	not more than ons) But if the cases 5b, 6c, and	inization is not a section 509(a)(3) supporting organization or a section \$50,000 A Form 990-EZ or Form 990 return is not required though Foorganization chooses to file a return, be sure to file a complete return 7b, to line 9 to determine gross receipts If gross receipts are \$200,00 \$500,000 or more, file Form 990 instead of Form 990-EZ	orm 990-N (e-	postcard) ıf total as	may	be required (see
_	art I		, Expenses, and Changes in Net Assets or Fund Balanc	es (see the in			
			e organization used Schedule O to respond to any question in this Part				
	1	Contributions	, gifts, grants, and similar amounts received			1 1	10,000
	2	Program serv	ice revenue including government fees and contracts			2	
	3	Membership (dues and assessments			3	122,500
	4	Investment ır	4				
	5a	Gross amoun	t from sale of assets other than inventory	5a			
9	ь	Less cost or	1				
Revenue	c	Gain or (loss)		5c			
œ	6	Gaming and f					
	а	Gross income					
	Ь	Gross income from fundraising events (not including \$of contributions from fundraising events reported on line 1) (attach Schedule G if the					
		sum of such o	gross income and contributions exceeds \$15,000)	6b		<u> </u>	
	c	Less direct e		↓			
	d	Met income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					
	7a	Gross sales o	of inventory, less returns and allowances	7a		↓	
	ь	Less cost of	goods sold	7b		↓	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	O ther revenu	e (describe in Schedule O)			8	
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	132,500
	10	Grants and similar amounts paid (list in Schedule O)					73,090
	11	Benefits paid to or for members					
	12	Salaries, othe	er compensation, and employee benefits			12	
5 5	13	Professional fees and other payments to independent contractors				13	19,975
Expenses	14	O ccupancy, rent, utilities, and maintenance				14	
Ξ	15	Printing, publications, postage, and shipping			15	9	
	16				16	6,425	
	17	Total expenses. Add lines 10 through 16		•	17	99,499	
50	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			18	33,001
ssets	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must ag	ree with			
NetA		end-of-year f	igure reported on prior year's return)			19	132,656
ź	20			20			
	21	Net assets or	fund balances at end of year Combine lines 18 through 20		•	21	165,657

Part II Balance Sheets (see the Check if the organization used		any question in this Pa	rt II		
		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .			132,656	22	165,657
23 Land and buildings				23	
24 Other assets (describe in Schedule O)			24	
25 Total assets			132,656	25	165,657
26 Total liabilities (describe in Schedule	0)			26	
27 Net assets or fund balances (line 27 o	f column (B) must agree wi	th line 21)	132,656	27	165,657
Part III Statement of Program Check if the organization used	Schedule O to respond to				Expenses quired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt TO PROMOTE INNOVATIVE IDEAS FOR AND SUPPORT CANDIDATES FOR ELEC Describe the organization's program service measured by expenses In a clear and combenefited, and other relevant information for	THE BETTERMENT OF FL TIVE OFFICE WHO DEMO e accomplishments for eac cise manner, describe the	NSTRATE SUCH IDEA ch of its three largest pi	AS AND IDEALS rogram services, as	org 494	47(a)(1) trusts, ional for others)
28 THE COMMITTEE RAISES FUNDS AN PERSONS SEEKING PUBLIC OFFICE WH PRINCIPLES IDENTIFIED IN THE COMM CONTRIBUTIONS TO OVER 30 STATE OF THE COMMITTER OF T	D MAKES CONTRIBUTIO O HAVE DEMONSTRATEI ITTEE'S MISSION DURI	D AN INTEREST IN IM NG 2012, THE COMMI) MMITTEES	PLEMENTING THE ITTEE MADE	28a	
(Grants \$) If the 30	s amount includes foreign	grants, check here .	▶┌	29a	
(Grants \$) If the	s amount includes foreign	grants, check here .	▶ ┌	30a	
31 O ther program services (describe in Sc (Grants \$) If thi	hedule O) s amount includes foreign	grants, check here .	▶┌	31a	
32 Total program service expenses (add lin				32	
Part IV List of Officers, Directors, Tru Check if the organization used					
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benef contributions t employee benefit p and deferred compensation	o olans,	(e) Estimated amount of other compensation
BILL MUTZ 5 CHAIRMAN	1 00	0			
ABBY DUPREE TREASURER	1 00	0			
	1				

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	٧		<u>୮</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Νo
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions F			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ► ABBY F DUPREE CPA Telephone no	· ·		-1099
	Located at 🕨 2640-A MITCHAM DRIVE TALLAHASSEE, FL ZIP + 4	32	2308	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vas	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1:
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ 「
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-EZ (2	2012)						Page 4
						Yes	No
	rganization engage, directly e es for public office? If "Yes,"			oehalf of or in opposition to		Yes	
	ection 501(c)(3) orga	<u> </u>			40	165	
Α	ll section 501(c)(3) organ nd 51	_	questions 47-49b ai	nd 52, and complete th	ne tables	s for lu	nes 50
	heck if the organization used	Schedule O to respond t	o any question in this F	Part VI	<u> </u>		厂
						Yes	No
	rganızatıon engage ın lobbyır complete Schedule C, Part I		ction 501(h) election in	effect during the tax year	-? . 47		
IS Is the org	ganızatıon a school as descri	ibed in section 170(b)(1)((A)(II)? If "Yes," compl	ete Schedule E .	. 48		
19a Did the or	rganızatıon make any transfe	ers to an exempt non-char	rıtable related organıza	tion?	. 49a		
b If "Yes," v	was the related organization	a section 527 organization	on?		. 49b		
60 Complete	this table for the organizations) who each received more t	on's five highest compens	ated employees (other	than officers, directors, t			
(a) Name and	title of each employee paid e than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans and deferred	(e) Es	tımated	amoun ensatioi
			,	compensation			
of comper	this table for the organization nsation from the organization and address of each indeper	n If there is none, enter "I	None "	(b) Type of service		an \$10 Compen	•
Did the	umber of other independent c organization complete Sche mpt charitable trusts must a	dule A? NOTE: All Section	n 501(c)(3) organizatio	ons and 4947(a)(1)	. ▶	┌ Ye	s 「No
	of perjury, I declare that I have pelief, it is true, correct, and co						
lk.	***			2042 27			
ign 🏴 🛚	****** Signature of officer			2013-07-02 Date			
	ABBY DUPREE TREASURER Type or print name and title						
<u> </u>	Print/Type preparer's name	Preparer's signature	e Dat	ce Check I If PTIN	N		
aid	. ,, ,	ABBY F DUPREE		3-07-02 self-employed			
reparer	Firm's name CARROLL ANI			Firm's EIN ►			
lse Only	Firm's address ► 2640-A MITCI			Phone no (850) 877	'-1099		
	TALLAHASSEE	•			► ▽√		- No

DLN: 93492189003103

OMB No 1545-0047

Political Campaign and Lobbying Activities **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** FLORIDA INNOVATION FUND 27-4686886 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an			ddu
A	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ich amiliated gro	up members nam	e, address, EIN,
<u>B</u>	Check Frifthe filing organization checked box		ol" provisions app	oly		
	Limits on Lobbying E (The term "expenditures" means an		l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o					
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 10	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•				
i	Subtract line 1f from line 1c If zero or less, ente					
i	If there is an amount other than zero on either lir		organization file	Form 4720 rep	ortina	
-	section 4911 tax for this year?					├ Yes ├ No
	4 Van A		Indon Coation	F01/b)		
	(Some organizations that made a columns below. See the		ection do not	: have to cor		he five
	Lobbying Expe	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ		r age .
For on		(a	1)	(b)
activi	ch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ty.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c d	Media advertisements? Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
i	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ŀ	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01(c))(5), o	r section
	Warra as between the III (000), an area as being a grant of mandadust blacks, are are being 2			Yes N
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		\vdash	2
3	Did the organization make only in-nouse lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		\vdash	3
	TIII-B Complete if the organization is exempt under section 501(c)(4), section 5	01(c)	1(5) 0	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."			
1	Dues, assessments and similar amounts from members	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ļ		
а	Current year	2a		
b	Carryover from last year	2b		
C	Total	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
Pa	rt IV Supplemental Information	•		
	nplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Par : II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information	t II-A	(affiliat	ed group list),
	I dentifier Return Reference Explanati	on		
	SCHEDULE C, PART I-A, LINE 1 THE COMMITTEE RAISES FUNDS FURTHERING THE PRINCIPLES II MISSION, MAKES CONTRIBUTIO THOSE PERSONS SEEKING PUBLI	DENTI NS FR IC OF	FIED IN OM SU FICE W	N ITS CH FUNDS TO HO

EMPLOYS SUCH PERSONS AS NECESSARY TO FURTHER

THE MISSION OF THE COMMITTEE

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As Filed Data -

DLN: 93492189003103

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization FLORIDA INNOVATION FUND	Employer identification number		
	27-4686886		

ldentifier	Return Reference	Explanation
GRANTS AND SIMILAR AMTS PAID TO INDIVIDUALS	FORM 990-EZ, PART I, LINE 10	73,090 0 0
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE 230 INFORMATION TECHNOLOGY 183 TRAVEL 2,206 MEETINGS & FUNDRAISING EVENTS 3,806 TOTAL 6,425
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO PROMOTE INNOVATIVE IDEAS FOR THE BETTERMENT OF FLORIDA'S CITIZENS AND TO IDENTIFY AND SUPPORT CANDIDATES FOR ELECTIVE OFFICE WHO DEMONSTRATE SUCH IDEAS AND IDEALS
FIRST ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 28	THE COMMITTEE RAISES FUNDS AND MAKES CONTRIBUTIONS FROM SUCH FUNDS TO THOSE PERSONS SEEKING PUBLIC OFFICE WHO HAVE DEMONSTRATED AN INTEREST IN IMPLEMENTING THE PRINCIPLES IDENTIFIED IN THE COMMITTEE'S MISSION DURING 2012, THE COMMITTEE MADE CONTRIBUTIONS TO OVER 30 STATE CANDIDATES AND/OR COMMITTEES

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TY 2012 Compensation Explanation

Name: FLORIDA INNOVATION FUND

EIN: 27-4686886

Person Name	Explanation
BILL MUTZ	
ABBY DUPREE	